MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT AIR POLLUTION CONTROL 814 JEFFERSON AVENUE MEMPHIS, TN 38105



MAJOR SOURCE OPERATING PERMIT APPLICATION CONTROL EQUIPMENT - ADSORBERS

1.	FACILITY NAME:	FACILITY NAME:			2. EMISSION SOURCE (IDENTIFY):			
3.	STACK ID OD ELOW DIAGI	OAM DOINT IDENTIE	CATION (S):					
3.	STACK ID OR FLOW DIAGRAM POINT IDENTIFICATION (S):							
4.	DESCRIBE THE DEVICE IN	VICE AND THEIR	NORMAL OPERATIN	G RANGE.				
	5 MANUEACTURED AND MODEL NUMBER (JE AVAII ARLE).							
5. MANUFACTURER AND MODEL NUMBER (IF AVAILABLE): 6. YEAR OF INSTALLATION								
7.	ARE YOU RECOVERING SOLVENT? IF THE ANSWER IS "YES", PLEASE DESCRIBE.							
8.	LIST OF POLLUTANT (S) TO BE CONTROLLED AND THE EXPECTED CONTROL EFFICIENCY FOR EACH POLLUTANT:							
о.	EIST OF TOLLUTANT (5) TO BE CONTROLLED AND THE EATECTED CONTROL EFFICIENCT FOR EACHTOLLUTANT.							
	POLLUTANT	INLE		OUTLET		POLLUTANT CAPTURE		
	CONCEN		RATION	CONCENT	CONCENTRATION		ADSORBER	
		CD /4 CE	DDI (II.	GD /A GE	DDI GU	EFFICIENCY (%)	EFFICIENCY (%)	
		GR/ACF	PPMV	GR/ACF	PPMV			
	TE VOLUMENE DE OLUMEN A	O ANGLIED ITEM (10	DI E I GE DEGGDIDE	LOW THE DED DDE	A IZ TRID OLIGIT IS	MONTE OF CO.	IND OLI ED	
9. IF YOU WERE REQUIRED TO ANSWER ITEM #8, PLEASE DESCRIBE HOW THE BED BREAK THROUGH IS MONITORED OR							TROLLED.	
10. DISCUSS HOW COLLECTED MATERIAL IS HANDLED FOR REUSE OR DISPOSAL. INDICATE IF THE BED MATERIAL IS DISPO							ABLE.	
	DISCUSS METHOD OF DISF	OSAL OR REGENERA	ATION METHOD.					
11. IF THIS CONTROL EQUIPMENT IS IN SERIES WITH SOME OTHER CONTROL EQUIPMENT, STATE AND SPECIFY THE OVERA							L EFFICIENCY.	
12	DACE MIMDED.	DES	ZICION NI MADED.		DATE OF I	DEVICION.		
12.	PAGE NUMBER: REVISION NUMBER: DATE OF REVISION:							

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